

SCREENING QUESTIONNAIRE AND INFORMATION FOR FOOD SERVICE WORKERS

Questionnaire

Have you recently or are you currently experiencing any of the following:

| | Yes | No | If yes, when |
|---|-------|-------|--------------|
| Open sores on your skin | _____ | _____ | _____ |
| Runny nose/sore throat/cough | _____ | _____ | _____ |
| Vomiting/diarrhea | _____ | _____ | _____ |
| Loss of appetite | _____ | _____ | _____ |
| Change in color of urine | _____ | _____ | _____ |
| Change in color or texture of bowel movements | _____ | _____ | _____ |
| Fever | _____ | _____ | _____ |
| History or recent exposure to hepatitis/tuberculosis | _____ | _____ | _____ |

Rules

In order to function as a food services worker, you must comply with the following rules:

1. You must wash your hands immediately upon reporting for work in the kitchen and after using the restroom.
2. You will wear disposable plastic gloves whenever handling food directly for serving.
3. You must have completed this health questionnaire.
4. If you develop any of the above symptoms, you must report them immediately to the supervising staff.
5. You must wear a protective hair net or hat at all times while in the kitchen. Combing your hair while working is prohibited. Shoes (not sandals) are required.
6. You may not smoke at any time.

If you break one of these rules, you will immediately be taken off kitchen duty.

By signing this form I acknowledge that I understand and agree to abide by the above rules and regulations, and that the information I have provided is true.

Signature / Printed Name

Date

Cleared for food service work [] yes [] no

Signature/Title/Date_____